Kare Plus Homecare Ltd

Kare Plus Hampshire

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Kare Plus Hampshire is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection 19 people were receiving the regulated activity of personal care from the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found
Not all risks to people had been assessed. People had care plans in place, these did not include detailed information to guide staff on how to provide care and support. However, people told us staff understood their individual needs as they often had familiar staff and those staff knew them well. People told us staff were kind when providing support.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care plans were not detailed, or person-centred. People were not encouraged to be as independent as possible. Staff understood how to protect people from poor care and abuse. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support. People did not always receive good quality care and support because staff did not have the right training or support to meet people's needs and wishes. Staff told us they did not always feel supported by the management of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
This service was registered with us on 11 November 2021 and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 15 January 2020.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement and recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person- centred care, safe care and treatment and good governance at this inspection.

We made recommendations about safeguarding, the Mental Capacity Act and staff training.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Kare Plus Hampshire

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 February 2023 and ended on 27 February 2023. We visited the location's office on 16 February 2023.

What we did before the inspection

We sought feedback from the local authority and used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 6 people and 6 relatives about their experience of the care provided. We received feedback from 7 members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written responses from 3 health and social care professionals.

We reviewed a range of records. This included 3 people's care and support records and 2 people's medicine administration records. We looked at 2 staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- Risks to people were not always assessed to ensure they were safe from avoidable harm. For example, guidelines to prevent choking are not always followed or in place.
- Guidance for staff to reduce risks for people were not always in place, for bedrails to prevent limb entrapment were not in place.
- Environmental risk assessments to ensure the safety of the person and staff accessing the property were not always in place.
- Accident and incidents records were not always complete. Lessons learnt had not always been shared with staff to prevent reoccurrence.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate risks to people were identified, assessed and effectively managed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Environmental risk assessments for individuals were completed during the inspection.

- Staff knew people well and they were able to describe the risks to people and the action they took to mitigate those risks. People had support from relatives and friends who were able to provide support when personal care was provided as needed.
- The service had a business continuity plan which identified the actions that should be taken in the event of an adverse event. This included details for an on-call manager who would be able to offer support as needed.

Using medicines safely
- People did not always receive their medicines safely.
- The service had a medication policy in place and practical medicine administration was managed safely. However, the policy was not always followed. Staff had not been assessed as competent to administer medicines safely.
- Care plans did not always detail what support was needed and who was responsible for managing medicines. It was not always clear for people whether staff or their relatives should be providing medicine support.

We found no evidence that people had been harmed however, systems were not effective to ensure medicines management was safe. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. The registered manager observed and assessed staff administering medicines to determine they could do so competently.

● The service had introduced an electronic monitoring system which provided the registered manager with current information relating to the administration and stock levels of medicines.

Systems and processes to safeguard people from the risk of abuse
● Systems to monitor and record safeguarding concerns were not always effective. The provider's local record of safeguarding did not always contain details of referrals made to the local authority safeguarding team. This meant there was a risk concerns and actions could be missed.

We recommend the provider ensures their system to identify, manage and record safeguarding concerns is robust.

● People told us they feel safe with the care staff. One person told us, "I do feel safe with staff. Everything has been fine."
● Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to externally if they were unhappy with the response from the provider.

Staffing and recruitment
● The service's recruitment process had not always been followed; files did not always contain the information required. This meant that checks to ensure safe recruitment of staff were not robust. The provider was in process of auditing all staff files to ensure they contained the information required by law.

We recommend the provider follows their procedure for the employment of staff to ensure robust checks are made on the suitability of staff to work with people who require care and support.

● All staff files viewed contained a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● There were enough staff to meet people's needs. Comments from people included, "The staff are usually on time, I get a rota with the information for the next week" and, "We mostly know the staff, I'm always happy to see the carers."

Preventing and controlling infection
● Staff were trained in infection control and were supplied with personal protective equipment (PPE) to prevent the spread of infections. The registered manager sought feedback from people using the service and had asked their preferences as to whether staff continue to wear masks when visiting their homes.
● The provider's infection prevention and control policy was up to date.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA
● People did not always have the necessary MCA assessments in place and official records of Lasting Power of Attorney had not been checked or verified as part of a person's care plan. This meant the service could not be certain they were always acting in the person's best interests.

We recommend the registered person seeks guidance from a reputable source to ensure the MCA is adhered to and appropriate records are maintained.

● People and their relatives told us care staff understood and responded to their differing care needs. For example, a person stated, "They know me and listen to me, they treat me with dignity and respect. Anything I want they will do." Another informed us, "I do not particularly recall care staff asking for my consent but we are all so familiar with each other that everything works appropriately and I am comfortable with care."
● Staff received training in the principles of the MCA.
● Staff understood practical application of the MCA principles and why it was important to gain people's consent when providing their care and support.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support
● At the time of inspection, the service was supporting one person with eating and drinking. The provider told us a referral to the Speech and Language Therapy team was in progress. The registered manager

understood the importance of making referrals and following up with health teams if the care staff reported any further concerns.
● The provider shared an example of the assessment tool used to identify what support people needed to eat and drink safely. This considered if they were at risk of choking or needed their food to be a certain consistency.

Staff support: induction, training, skills and experience
● Staff told us they did not always feel supported in their role. The registered manager said they were behind with supervisions, competency checks and team meetings.
● Care staff had the correct level of skills and training to undertake practical responsibilities of their role effectively.
● A staff member informed us "New staff come in and work alongside established care staff to get some 'on the job' training."
● People told us, "They seem on top of their training, they tell us about courses they go on" and, "They seem trained, they know what to do for me."

Staff working with other agencies to provide consistent, effective, timely care
● Instructions from medical professionals were not always recorded in people's care plans or communicated to staff by management. This meant people were not always receiving the most up to date support to meet their health needs.
● People's care plans did not always have detailed information about people's allergies, pain management or information relevant to a specific health condition they lived with. However people told us they were, "confident carers would know what to do" to support them because care was provided by consistent care staff who knew their needs well.
● Staff spoken to knew when to escalate any concerns with people's health to a healthcare professional. For example, if a person was unwell or unable to use prescribed equipment safely.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments were carried out for each person before their visits commenced.
● People told us that they receive care from staff that know them well. One person told us, "The women are lovely, they talk to you, have a laugh." Another stated, "If I was unwell, they would get a doctor. I know this because this morning, I know they waited with another person until the doctor arrived."
● People and their relatives informed us they were asked their preference of gender of care worker and this was recorded in their care plan.
● Specialist health and social care professionals had been involved in assessments and planning of care. This included district nurses and social workers. One health and social professional fed back "Kare Plus provided a high level of care while managing expectations of the client and their family."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Not all staff had received training in privacy and dignity.
- The registered manager could not provide us with evidence to show people had been supported to express their views.

We recommend the provider reviews their training and refers to good practice guidance to ensure staff always support people well, with dignity and respects equality and diversity.

- People told us staff were kind to them. Comments included, "The staff are kind and caring, the carers know me and what to do. They do treat me with respect."
- Staff knew people well, their life history, interests and hobbies and acknowledged people's individual personalities when providing care. People and relatives told us, "They're mostly nice, very friendly, if not I would say, don't send that one.", "They're alright, perfectly alright, the staff are lovely, talk to you and have a laugh." And "They know my relatives likes and dislikes, I always hear them chatting away about something."
- People's personal information was kept secure. People's care records were recorded electronically to ensure people's confidentiality was maintained by using a system that could only be accessed by staff.

Ensuring people are well treated and supported; respecting equality and diversity

- Care records did not reflect people's needs and preferences regarding their culture, gender, sexuality or faith.
- The registered manager told us they frequently support people, they gain feedback during this time, but this was not recorded.
- Relatives told us, "They are very interested in my relative's needs, they always tell my relative what they're going to do."
- Staff told us they knew people well. One staff member explained it is important to reduce people's social isolation, "It is nice that people who live alone are having company and conversations with different carers." Another stated, "We are making connections with people and making them laugh throughout the day."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care plans failed to consider a person's wishes or preferences. This meant staff might not be aware of the way they wanted their care delivered, particularly if the person was not able to tell them.
- Care records did not reflect people's needs and preferences regarding their culture, gender, sexuality or faith.
- Assessments for people did not account for specific issues certain groups of people may face during the care planning process, for example, how people with a learning disability or people with memory loss may communicate their goals.
- Care plans did not always include sufficient detail for staff to know how to provide the person's care correctly. A relative told us, "The carers ask me what to do and I've helped them get to know [person's name] as the information in the care plan doesn't really tell you about the detail, likes and dislikes. The manager has said it will be updated though."
- The provider's audit identified there was "not enough information in care plans. End of life care not clearly recorded". However, action had not been taken following this audit.

We found no evidence that people had been harmed. However, the care and treatment of people using the service did not always met their needs or reflect their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection.

- The provider's quality assurance lead had devised an action plan which included a review of each person's care plan. During the inspection people and their relatives told us, "I've seen and discussed my care plan, we've recently reviewed it" and, "After your visit at the office the office staff came around and gave me a new care plan to read and sign."
- At the time of the inspection the provider was not providing anyone support with end of life care.
- Staff knew people well and they were able to describe the risks to people and the action they took to mitigate those risks. People had support from relatives and friends who were able to provide support to carers when personal care was provided as needed.
- Relatives considered the service to be responsive. Most people confirmed they had a choice about the gender of carer they preferred: "They're very interested in her needs. They asked if we preferred male or female carers at the beginning and we said we would prefer women."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Care plans did not always detail people's specific support needs and communication skills. Staff were directed to speak to relatives who live with the person and as the service had a consistent staff team, staff knew people well. The registered manager provided an example of how staff knew a person communicated by gesture and pushing things away if they did not want them.
● Communication methods included information via an app and email updates so people knew who was visiting them each week.

Improving care quality in response to complaints or concerns
● The service had an electronic complaints policy and procedure. The registered manager informed us a record of the complaint investigation and outcome was kept but was unable to locate this folder during inspection.
● Staff members told us, "When I question or query anything I am ignored, until there is a real concern" and, "You contact the office to tell them something about a client and they say they will deal with it but neither the staff or client get an outcome."
● Most people and their relatives told us they knew how to make complaints should they need to.
● One person confirmed to us they had contacted the office, and to make a verbal complaint and it was dealt with: "I have made complaints and they were sorted."

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems did not always operate effectively. Monthly audits were not always completed or robust.
- The provider had carried out a whole service audit in February 2023, however this had not identified some shortfalls found within this inspection. For example, the management of risks, MCA recording, lessons learnt after an incident and staff training, supervision and support.
- Requested documentation was not always available at the time of the site visit. Some documents were requested and received electronically afterwards.

The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection by arranging a location visit by the quality assurance lead and head of homecare services to update the service improvement plan and progress. The provider stated that there will be further improvements following a whole service audit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff did not always feel supported and empowered and this put people at risk of poor outcomes. For example, staff did not always feel they could raise concerns with office staff, and this meant people were at risk of not having their needs met.
- Staff did not always feel appreciated, involved or listened to. The registered manager stated, "Team meetings have not happened. I have identified issues and have been working on them, but I can't fix things without the resources and time."
- The nominated individual told us they would be working towards improving staff morale.
- The nominated individual and senior management team had a meeting with the staff team during the inspection and planned further meetings. Through these meetings, they aimed to improve working relationships within the team and communication with people the service supports.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

● Kare Plus Limited routinely sought feedback from people and relatives; however, there was no evidence of changes or improvements following these surveys. The registered manager stated, "I work alongside the carers and it's just myself who's trying to do lots of wonderful things, but I need to motivate the team."

● Overall, people told us they would recommend the service, "The manager is lovely and tries to help. Staff in the office need updating, but I would recommend the service" and, "There's always someone in the office and the manager is approachable and tries to put any problems right"

● There was evidence of partnership working with other professionals. A health and social care professional told us, "I believe we have a good working relationship with the registered manager. Contractual obligations are currently being met."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager demonstrated a good understanding of their legal responsibilities for sharing information with CQC, including notifying CQC of significant events or changes to the service.

● The provider understood how to evidence duty of candour. The duty of candour is a legal obligation to act in an open and transparent way and apologise in instances the service has not provided the level of care or support a person should reasonably expect.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of people using the service did not always meet their needs or reflect their preferences.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or were not robust enough to demonstrate risks to people were identified, assessed and effectively managed.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure governance systems were established and operating effectively to ensure oversight was robust, procedures were followed, and the service improved.